

Bainfield Park Residential Care Limited - Bainfield Park Residential Home

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Bainfield Park Residential Care Limited
Premises audited:	Bainfield Park Residential Home
Services audited:	Residential disability services - Intellectual; Rest home care (excluding dementia care); Residential disability services - Physical; Residential disability services – Sensory
Dates of audit:	Start date: 16 January 2017 End date: 16 January 2017
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	43



Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Bainfield Park provides residential services for people with physical, intellectual and sensory disabilities and residents requiring rest home level care. Forty-three of a potential fifty-six beds were occupied on the day of the audit. The service is managed by a general manager who has been in the position for many years.

The audit was conducted against the relevant Health and Disability standards and the contract with the district health board. The audit process included a review of policies and procedures; the review of resident's and staff files, observations and interviews with residents, relatives, staff and management.

Residents and family interviewed praised the service for the support provided.

Seven of eight shortfalls identified at the previous audit have been addressed. These were around 'not for resuscitation orders', admission agreements, weight management, annual performance appraisals, calibration of medical equipment and electrical testing and tagging and medication management. Improvement continues to be required around family involvement in goal planning.

This audit has identified further improvements required around the quality plan, resident and family surveys, incident reporting of pressure injuries and one aspect of medication documentation.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Bainfield Park has comprehensive processes to ensure open and effective communication with residents and family members. Resuscitation status is appropriately discussed and documented. Complaints policies and procedures meet requirements and residents and families interviewed were aware of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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The board provides a governance role and there is a general manager who has extensive knowledge and skills in management and in health, including aged care and disability. She is supported by a long serving clinical nurse manager and registered and enrolled nurses (shift supervisors).

Service performance is monitored through a number of processes to ensure it aligns with the identified values, scope and strategic direction. The business plan has goals documented. There are policies and procedures that guide staff around support for residents with physical, intellectual and sensory disability and rest home level needs and a documented quality and risk management programme.

Staff receive ongoing training and there is a training plan developed and commenced for 2017. Rosters include sufficient skilled staff to meet current residents' needs.

Continuum of service delivery

<p>Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.</p>		<p>Some standards applicable to this service partially attained and of low risk.</p>
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Residents who enter Bainfield Park have an assessment by the needs assessment agency that serves as the basis for planning. Rest home residents have InterRAI assessments. Resident plans are individualised, up-to-date and reflect current service delivery requirements for each resident. Residents receive well planned and coordinated services with evidence that they are supported to achieve personal goals. Personal goals are evaluated at least six monthly and care plans at least six monthly.

All residents have a medication chart that is completed by the GP. Medication is stored according to current guidelines and legislation. Staff who administer medications have their competency tested annually.

Residents are involved in a range of personal interest, education, spiritual and cultural activities provided by activities coordinators over seven days. There is significant community engagement.

Resident nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff. Menus are reviewed by a dietitian and residents and family spoke positively about the meals provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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Bainfield Park has a current building warrant of fitness.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The organisation actively minimises the use of restraint. All staff receives training on restraint minimisation and management of behaviours that challenge. There are four residents using enablers and no residents using restraint. Enabler use is voluntary. Restraint and enabler audits are undertaken monthly.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infections are reported by staff and residents and monitored through the infection control surveillance programme by the infection control officer. Infections are monitored and evaluated for trends and discussed at staff meetings.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	13	0	5	0	0	0
Criteria	0	38	0	5	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>Bainfield Park staff advised that family involvement occurs with the consent of the resident. Residents and families interviewed confirmed that information was provided to enable informed choices and that they were able to decline or withdraw their consent. Five resident files sampled (one aged care, one physical disability, one intellectual disability, one mental health and one ACC funded) have appropriate consents signed. All files sampled had a valid resuscitation order in the file. These were signed by either the resident or a clinically indicated decision had been documented by the GP. This is an improvement since the previous audit.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is</p>	FA	<p>A complaints policy and procedures have been implemented and residents and their family/whānau are provided with information on admission. Complaint forms are available at the key points throughout the service and folders around the facility which are easy to find. The residents and families interviewed were aware of the complaints process. There is a complaints folder and there have been no complaints since the previous audit. Residents and family members advised that they are aware of the complaints procedure and how to access forms.</p>

understood, respected, and upheld.		
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Eight residents (two rest home, two mental health, two physical disability and two intellectual disability) and two family members (one physical disability, one intellectual disability) interviewed, stated they are informed of changes in health status and incidents/accidents. This was confirmed on incident forms reviewed. Residents and family members also stated they were welcomed on entry and were given time and explanation about services and procedures. Resident/relative meetings occur monthly and the general manager has an open-door policy. Aged care residents and family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Aged care and non-aged care (as appropriate) publications relating to long-term residential care from the Ministry of Health are included in the information pack. The service has policies and procedures available for access to interpreter services for residents (and their family). If residents or family/whānau have difficulty with written or spoken English the interpreter services are made available. Information meets the needs of those with intellectual, physical and sensory disabilities. Specialised communication equipment is available for residents requiring this and files sampled included communication needs in the care plan.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	PA Low	<p>Bainfield Park provides residential services for people with physical, intellectual and sensory disabilities and residents requiring rest home level care. Forty-three of a potential fifty-six beds were occupied on the day of the audit. This included seven rest home level residents, five with physical disabilities (on young person with disabilities (YPD) contracts), twenty-three with intellectual disabilities (on YPD contracts), four under mental health contracts and four funded by ACC. There were no residents under the sensory aspect of the certificate at the time of the audit. The organisation is led by a general manager who is a registered nurse and has managed the service for 21 years. She is supported by a long serving clinical nurse manager and a team of registered and enrolled nurses (shift supervisors). The manager provides two monthly reports to the board.</p> <p>The goals and direction of the service is well documented in the business plan and the strategic direction is discussed at board level but this has not been reviewed annually.</p> <p>The manager has maintained at least eight hours annually of professional development activities related to managing a rest home.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p>	PA Low	<p>The general manager facilitates the quality programme and the health and safety coordinator ensures the internal audit schedules are implemented by relevant staff. The internal audit schedule is implemented. Corrective action plans are developed, implemented and signed off when service shortfalls are identified.</p> <p>Quality improvement processes are in place to capture and manage non-compliances. They include internal audits,</p>

<p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>hazard management, risk management, incident and accident and infection control data collection and complaints management. Reports are tabled and discussed at bi-monthly staff meetings.</p> <p>The health and safety officer has completed transitional training since April 2016. There are health and safety meetings quarterly, attended by health and safety representatives from a variety of areas within the service. The health and safety officer now reports directly to the board. Hazards are identified and managed and documented on the hazard register.</p> <p>There is a current risk management plan.</p> <p>There are policies and procedures that are relevant to the various service types offered and are reviewed two yearly.</p> <p>There are resident and family surveys conducted but there was no evidence of analysis or corrective action plans being developed when required.</p> <p>Falls prevention strategies are in place for individual residents.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>PA Low</p>	<p>The accident/incident process includes documentation of the incident and analysis against categories of risk and separation of resident and staff incidents and accidents. Ten incidents sampled for November 2016 to December 2016 demonstrated appropriate documentation and clinical follow-up. The pressure injury being managed by the service had not been reported through the incident reporting system. Accidents and incidents are analysed monthly and graphed with results discussed at staff meetings. There is also an annual review.</p> <p>The management team are aware of situations that require statutory reporting.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	<p>FA</p>	<p>Five staff files sampled showed appropriate employment practices and documentation. Current annual practicing certificates are kept on file.</p> <p>The orientation package provides information and skills around working with residents with aged care, intellectual and physical disability related needs and was completed in staff files sampled.</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>There is an annual training plan in place and implemented and this includes core topics. Four of five staff files sampled contained a current annual performance appraisal; one staff member was new to the service. This was a finding from the previous audit that has now been addressed.</p> <p>Residents and families state that staff are knowledgeable and skilled.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a documented rationale for staffing the services. Staffing rosters were sighted and staff on duty to match needs of different shifts and needs of different individual residents. There is an on call system with a registered nurse (the general manager or clinical manager) available at all times. Every shift has a shift supervisor on duty who is a registered or an enrolled nurse.</p> <p>Staff, residents and family interviewed confirmed that staffing levels are adequate.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>The general manager, supported by the clinical nurse manager works with referrers, families and potential residents to ensure that residents enter the service appropriately. All potential residents have a needs assessment completed by the service coordinators and they and their family (where able) visit the service for a look around and then for a meal.</p> <p>Exclusions from the service are included in the admission agreement. The information provided at entry includes examples of how services can be accessed that are not included in the agreement. All resident files sampled have a signed contract/agreement. For the ACC funded client the agreement is between ACC and the service with information as appropriate provided to the client and their family. This is an improvement since the previous audit.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner</p>	<p>PA Low</p>	<p>Medications are checked against the doctor's medication profile on arrival from the pharmacy by an RN. Any mistakes by the pharmacy are regarded as an incident.</p> <p>Staff that assess medication have a competency assessment and have had recent training. A shift supervisor was observed safely and correctly administering medications.</p> <p>Resident medication charts are identified with demographic details and photographs. The fridges that medications</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>are kept in have weekly temperature checks. All 10 medication charts had allergies (or nil known), documented. One chart had allergies documented incorrectly.</p> <p>All medications are stored appropriately.</p> <p>There was one resident with an intellectual disability who self-administers lunch time medication when not at the facility. A competency assessment has been completed.</p> <p>Ten of ten medication charts reviewed identified that the GP had seen the resident three monthly and the medication chart was signed. All medication charts sampled indicated medication is being administered as prescribed. Administration documentation included the dose where a variable dose is prescribed. All ten medication charts documented the indication for giving the PRN medication and medications were signed as discontinued by the doctor when they are stopped. These are improvements since the previous audit. All eye drops were dated on opening.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Bainfield Park are prepared and cooked on site. There is a four weekly winter and summer menu which has been reviewed by a dietitian. Kitchen staff are trained in safe food handling and food safety procedures are adhered to. Staff were observed assisting residents with their lunchtime meals and drinks. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to kitchen staff and any changes are communicated to the kitchen via the shift supervisors. Meals meet the needs of residents with varying ages and disabilities. Supplements are provided to residents with identified weight loss issues. Resident meetings allow the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. There is also a dual kitchen in the activities area where residents can bake or cook if they wish.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Service provision and interventions meet the needs of the residents with aged care, physical disability and intellectual disability needs as described in personal care and activity goal plans. The care and support witnessed to be provided meets the individualised needs of residents and at all times was seen to be respectful. Residents and relatives interviewed were happy with the support provided to them. The service facilitates access to other services (medical and non-medical) including the services of wound and continence specialists. Dietitians are funded by the service for aged care residents and the DHB for disability residents. The service has available equipment required to meet the needs of residents. Continence issues are documented and managed.</p> <p>Dressing supplies are available and a treatment room is stocked for use. There was one resident with a wound (a grade 2 pressure injury) at the time of the audit and an assessment, plan and appropriate review were documented and referrals had been initiated to orthotics and the wound nurse specialist.</p>

		All files reviewed had documented monthly weight recordings and other monitoring including turns were documented where these were required. No residents had identified weight loss. This is an improvement since the previous audit.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	Two activities coordinators provide an activities programme over seven days each week. The programme is planned monthly and developed for each individual resident based on assessed needs and identified goals. Residents are encouraged to join in activities that are appropriate and meaningful and are encouraged to participate in community activities. Several residents attend work or community groups and activities. The service has a van that is used for resident outings. Residents were observed participating in a variety of activities on the days of audit. Resident meetings provided a forum for feedback relating to activities. Residents and family members interviewed discussed enjoyment in the programme and the diversity offered to all residents. There were ample activities witnessed during the audit, including those in-house and the resident's choice of activities away from the home. All residents have an activities goal plan with individual recreational, employment and social goals that are developed by the activities coordinator and the resident (link 1.3.3.4).
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All care plans reviewed were evaluated at least six monthly and activities goal plans were reviewed at least six monthly.</p> <p>Where progress is different from expected, the service changes the care plans according to the needs of the residents and this was confirmed by the staff interviewed and sighted on four of seven care plans reviewed.</p> <p>Short-term care plans were sighted in files reviewed and these had been evaluated.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	The service displays a current building warrant of fitness which expires on 3 February 2017. Hot water temperatures are checked monthly. Medical equipment and electrical appliances have been tested and tagged and calibrated. This was a finding from the previous audit that has now been addressed. Other regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility including with aids and motorised wheelchairs. There are sufficient seating areas throughout the facility. The exterior has been well maintained with outdoor shaded seating, lawn and gardens. Care assistants interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.
Standard 3.5:	FA	Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy.

<p>Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>		<p>The clinical nurse manager is the designated infection control person. Monthly infection data is collected for all infections based on signs and symptoms of infection. Surveillance of all infections is entered onto a monthly summary and then analysed and graphed and reported to staff meetings.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The service philosophy includes that restraint is only used as a last resort. There were no residents at the time of the audit using restraint. There were four residents using enablers including three lap belts and one bedrail. The restraint policy includes a definition of enablers as voluntarily using equipment to maintain independence such as a lap belt in a wheelchair. The two files sampled for residents with enablers have an enabler consent form signed by the resident to demonstrate consent.</p>

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.1.1</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and regularly reviewed.</p>	PA Low	The service has a business/quality plan 2015-2016, which contains dates and goals for review in 2015-2016 which have not been reviewed (ie, preparing for the certification audit in 2015).	The business/quality plan review for January 2016 has not been completed as per the review date on the document.	<p>Ensure that the business/quality plan is reviewed at least annually.</p> <p>90 days</p>
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	Completed resident (annual) and family survey (bi-annual) forms were sighted and families and residents interviewed stated they participated in giving survey feedback.	There was no evidence of the collation and dissemination of feedback from the resident and family surveys.	<p>Ensure feedback from the resident and family survey forms is collated, disseminated and implemented.</p> <p>90 days</p>

<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>PA Low</p>	<p>All incident forms reviewed showed appropriate follow-up and completion.</p>	<p>The resident pressure injury being managed by the service had not been reported through the incident reporting system.</p>	<p>Ensure all resident pressure injuries are reported through the incident reporting system.</p> <p>90 days</p>
<p>Criterion 1.3.12.6</p> <p>Medicine management information is recorded to a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.</p>	<p>PA Low</p>	<p>The GP checks all information on medication charts at each three monthly review. Reviews were documented on all 10 medication charts sampled. Prescribing met legislative guidelines and allergies or nil known were documented on all charts sampled. One chart did not have known allergies documented.</p>	<p>One resident file sampled had a medication documented on a previous discharge summary and in the doctor's records, but this allergy had not been documented on the medication chart.</p>	<p>Ensure all known medication allergies are documented on the medication chart.</p> <p>90 days</p>
<p>Criterion 1.3.3.1</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.</p>	<p>PA Low</p>	<p>The two family members interviewed reported that staff keep them informed about the resident and progress. Residents confirmed that the activities coordinator talks to them about activities they would like to do. There is no family input into goal planning or family or resident input into care planning documented. The individual activities goal plans are completed by the activities coordinator with the resident.</p>	<p>There was no evidence of family input in five of five activities goal plans and resident or family input into five of five care plans.</p>	<p>Ensure that family (where appropriate) have input into goal planning and review of goals and residents and/or family have input into care planning.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.